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			1 1		1					
	Last Name		Suffix	First	lr	nitial	Sex	If Fema	le/Maiden Name	Age
	DOB	Race	Social Secu	urity # / Other	Birth City	Stat	e/Count	ry	Birth Hospit	tal
Addr			A	opt # Cit	у		S	state	Zip	
Cour	nty	Cour	ntry	Inside City	y Limits	Rel	igious I	Preference	e	
Educ	cation: level con	npleted.	Elem/Second	(0-12):	College		De	egree Earne	ed:	
Alias	5 <b>1</b>		First	Middle	Alias 2	Last		_	First	Middle
Phor	ne (H)		Pho	one (W)		F	Phone	(Cell)		
Marit		) Never Ma	arried \( \) Widow	red O Divorced	) Separated	○ Unknowr	n W	edding Da	ıte	
Statu Spou								ring ( ) Dec	( MM / DD /	,
Spou	Last	t	Suffix Maide	n/Birth name	First	Middle		mg _ Bee	- Casea Onk	1101111
Fathe	er						○ Liv	ring ODec	ceased O Unk	nown
	Lasi	t	Suffix	First		Middle				
Moth	er	1	Maiden/Birth name	e First		Middle	_ O Liv	ring O Dec	ceased O Unk	nown
1 000	I Novt of Kin							1		
Lega	l Next of Kin	Last		First	Midd	dle		lome		
Lega Addı		Last		First	Midd		V	Vork		
Addı City	ress		State	First	Midd	On Sit	v e/Cell F	Vork Phone		
Addi City Rela	resstionship: _ Wife		State			On Sit	v e/Cell F	Vork Phone	yer	Othe
Addi City Rela	ress		<b>State</b>	Zip	er OSister	On Sit	v e/Cell F	Vork Phone		Othe
Addi City Rela	resstionship: _ Wife		<b>State</b>	<b>Zip</b> Brothe	er OSister	On Sit	V e/CeII F Daughter	Vork Phone Employ Wife	yer Friend  Please place other h  Daughter	Othe
Addi City Rela Perm	resstionship: _ Wife	· O Husba	<b>State</b>	<b>Zip</b> Brothe	er OSister	On Sit	V e/CeII F Daughter	Vork Phone Employ Wife Husband	yer Friend  Please place other h  Daughter  Demployer	Othe
Addi City Rela Perm	resstionship:	· O Husba	State andFather (	Zip Mother	er Sister	On Sit	V e/CeII F Daughter	Vork Phone Employ Wife Husband Father Mother	yer Friend  Please place other h  Daughter	Othe
Addi City Rela Perm	tionship:	Husba / Address	State	Zip Brother Brot	er Sister  / Suffix	On Sit	V e/CeII F Daughter	Work Phone Employ Wife Husband Father Mother Brother Sister	yer Friend  Please place other h  Daughter  Employer Friend	Othe
Addi City Rela Perm	resstionship:	Husba / Address	State andFather (	Zip Brother Brother Brother Brother Brother	Sister  Suffix  State	On Sit	V e/CeII F Daughter	Work Phone Employ Wife Husband Father Mother Brother	yer Friend  Please place other h  Daughter  Employer Friend	Othe
Addi City Rela Perm	tionship:  Wife nament Contact Last Home Phone	Husba / Address	State	Zip  Mother Brother  Dename and contact info here  Middle  City  Cell Phone	Sister  Suffix  State	On Sit	Relationship	Work Phone Employ Wife Husband Father Mother Brother Sister	yer Friend  Please place other h  Daughter  Employer Friend Other  Daughter	Othe
Addi City Rela Perm	tionship:  Wife nament Contact Last Home Phone	Husba / Address	State	Zip  Mother Brother  Dename and contact info here  Middle  City  Cell Phone	Sister  Suffix  State	On Sit	Relationship	Work Phone Employ Wife Husband Father Mother Brother Sister Son Wife Husband	yer Friend  Please place other h  Daughter  Employer Friend Other  Daughter  Employer	Other ere
Contact 1	tionship:  Wife nament Contact  Last  Home Phone Date of Initial Cor	Husba / Address	State and Father   Please place  First  Work Phone	Zip  Mother Brother  Dename and contact info here  Middle  City  Cell Phone  Type of Initial Co	Sister  Suffix  State  Ontact	On Sit	Relationship	Work  Phone  Employ  Wife  Husband Father  Mother  Sister  Son  Wife  Husband Father  Mother  Mother	yer Friend  Please place other h  Daughter  Employer Friend Other  Daughter	Othe
Coutact 1 Couract 1	tionship:  Wife nament Contact  Last  Home Phone Date of Initial Cor	Husba  / Address  Address	State Please place  First  Work Phone  First	Zip  Mother Brother  Rename and contact info here  Middle  City  Cell Phone  Type of Initial Co  Middle  City	Suffix State  ontact  Suffix	On Sit	V e/CeII F Daughter	Work  Phone  Employ  Wife  Husband Father  Mother  Sister  Son  Wife  Husband Father  Son  Wife  Husband Father  Son	yer Friend  Please place other h  Daughter d Employer Friend Other  Daughter d Employer Friend	Othe
Addi City Rela Perm	tionship:  Wife nament Contact  Last  Home Phone Date of Initial Cor	Husba  / Address  htact / Address	State and Father   Please place  First  Work Phone	Zip  Mother Brother  Brother  Middle  City  Cell Phone  Type of Initial Co  Middle  City  Cell Phone	Suffix State  Suffix State  Suffix State	On Sit	Relationship	Work  Phone  Employ  Wife  Husband Father  Brother  Sister  Son  Wife  Husband Father  Mother  Brother	yer Friend  Please place other h  Daughter d Employer Friend Other  Daughter d Employer Friend	Other ere
Addi City Rela Perm	tionship:	Husba  / Address  htact / Address	State Please place  First  Work Phone  First	Zip  Mother Brother  Rename and contact info here  Middle  City  Cell Phone  Type of Initial Co  Middle  City	Suffix State  Suffix State  Suffix State	On Sit	Relationship	Work  Phone Employ Wife Husband Father Mother Sister Son  Wife Husband Father Sister Son  Son	yer Friend  Please place other h  Daughter d Employer Friend Other  Daughter d Employer Griend Other	Other or oth
Addi City Rela Perm	tionship:	Husba  / Address  htact / Address	State Please place  First  Work Phone  First	Zip  Mother Brother  Brother  Middle  City  Cell Phone  Type of Initial Co  Middle  City  Cell Phone	Suffix State  Suffix State  Suffix State	On Sit	Welationship Relationship	Work Phone Employ Wife Husband Father Mother Sister Son Wife Husband Father Son Wife Husband Father Mother Sister	yer Friend  Please place other h  Daughter d Employer Friend Other  Daughter d Employer Friend Other  Daughter d Employer Employer Friend Other	Other ere
Coutact 1 Contact 1 Contact 1	tionship:	Husba  / Address  htact / Address	State	Zip  Mother Brother  Brother  Middle  City  Cell Phone  Type of Initial Co  Middle  City  Cell Phone  Type of Initial Co	Suffix State  Suffix State  Suffix State  Ontact / Suffix State	On Sit	Selationship Relationship	Work  Phone  Employ  Wife  Husband  Father  Mother  Sister  Son  Wife  Husband  Father  Mother  Sister  Son  Wife  Husband  Father  Mother  Sister  Son	yer Friend  Please place other h  Daughter d Employer Friend Other  Daughter d Employer Griend Other  Daughter d Employer Griend Other	Other ere
Coutact 2 Contact 1 Contact 1	tionship:	Address  Address  Address  Address	State	Zip  Mother Brother  Rename and contact info here  Middle  City  Cell Phone Type of Initial Co  Middle  City  Cell Phone Type of Initial Co  Middle	Suffix State  Suffix State  Ontact  Suffix State  Ontact  Suffix	On Sit	Relationship	Work  Phone  Employ  Wife  Husband  Father  Mother  Sister  Son  Wife  Husband  Father  Mother  Sister  Son  Wife  Husband  Father  Mother  Father  Mother  Father  Mother  Father  Father  Father  Father  Father	yer Friend  Please place other h  Daughter d Employer Friend Other  Daughter d Employer Friend Other  Daughter d Employer Friend Other	Other ere

# ADMS · USA

### **VIP Personal Information**

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E.	One production										
	Name	/ Last Suf	/ fix First	/Initial	Age						
	Height:			orox. Weight (Pounds	-						
	Hair Color	Auburn Brown Gray Salt & Pepper Other Blonde Black Red White									
Hair Information	Hair Length	○ Bald ○ Shaved ○ Short < 3" ○ Medium ○ Male Patern Baldness: ○ Long									
	Hair Accessory	☐ Extensions ☐ Hair	☐ Extensions ☐ Hair Piece ☐ Hair Transplant ☐ Wig								
	Hair Description	○ Curly ○ Wavy ○	Straight ON/A O	Other:							
Ξ	Facial Hair Type		eard & Moustache (	○ Goatee ○ Sidebur ○ Stubble ○ Lower L	_						
	Facial Hair Color		Red Salt & Pepper	White Facial Hair	Notes						
Eye Info	Eye Color	○ Blue ○ Green ○ Gr ○ Brown ○ Hazel ○ Bla		Color/Descrip:							
Eye	Optical Lens	☐ Contacts ☐ Glasses ☐ Implants ☐ None ☐ Desc									
	Eye Status	☐ Missing R ☐ Missing L ☐ Glass R ☐ Glass L ☐ Cataract ☐ N/A									
	Fingernail Type	○ Natural ○ Artificial ○	Unknown Length O	Extremely Long Cong	○ Medium ○ Short						
Info	Fingernail Color	Description									
VAIL Info	Characteristics	☐ Bitten ☐ Decorated ☐	Misshapen	d/Fungus □ N/A							
	Toenail Color	Toena	il description								
	Characteristics	☐ Bitten ☐ Decorated	Misshapen Ye	llowed/Fungus \(\Boxed\) N/A							
E	Body Piercing(s)?	Yes ONo Photos? O	∕es	ocation							
	# Location	Side Quantity	Description (inclu	ude evidence of old pierc	ings) Photo						
	2										
	3										
;	Tattoo(s) Yes C  Location  2 3	No Photos? Yes Side	No Photo Location	Description							



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97-02	PATON						
	Name		1	1		1	
		Last	Suff	ix	First	Initial	Age
	Dentist				○ Unknown	O Never Went	☐ Dental Work ☐ Partials
Dental Info	Address	Last	First		Phone 1		☐ Dentures ☐ Tooth Jewelry ☐ Both
	City_		State_	Zip			Braces
۵	Additional De	ntal Information/2r	nd Dentist:				
	Physician	į.				Practice Na	me
Physician Info	Address	Last	First		_	Physician Ty	pe
sian	Address 2				_	Seen	
ysi	City		State	Zip		Records Request	
Phy	Phone 1		Phone	2		Records Obtain	ed ○ Yes ○ No
	Email						
		graphs? Physi					
		Medical R	adiographs Loc	ation	Potential Ty	pe of Radiographs	- and dates taken if known
Old Fra	l ctures:	<ul><li>○ Yes ○ No −</li><li>Description: −</li></ul>					
O.L.		· _	D. II. 4-		□ NI II		Alle a m
Ob	jects in Bod	y: Pacemak	ter Bullets	Implants	Needles	☐ Shrapnel ☐ O	Please place other objects here
Su		ll Bladder pendectomy	Tracheotomy Laparotomy	☐ Caesarear ☐ Mastecton		structive	
Di	abetic?	Yes No	Unknown	If Female / preg past 12 mo		☐ Yes ☐ No ☐ L	Jnknown
	Unique aracteristics Yes O No		Description of: Scar	rs, Operations, birt	hmarks, burns, ı	missing organs, amputa	ations, other special characteristics
				Described of	1 41 - 15		
				Prosthetic	Location/De	escription	
	Prosthetic(s)						
0,	Yes O No						
Ad	ditional Info	rmation					



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Name		1 1		1		
	Last	Suffix	First		Initial A	Age
Group Status: ○ A				Fam/Grp N		up, list names here
Last seen with		•	Church Group, Sports, Military		ii raiiiiy ala	ap, not named here
Last location victim						
Military Service	Yes ONo O	Unknown	Military DNA T	aken: OYe	s ONo OUnknown	
Country			Service #			
Approximate Service I	Date		Military Br	anch		
Ever Finger Printed	l: O Yes O No	Immigration	Status		Resident Alien Card (Green Card)	○ Yes ○ No
☐ Fingerprints ☐ F	ootprints	Ever been Arrested	Arre	ested By:		
Print located						
Usual Occupation:			Type of Busine	ess		
Employer			Phone			
Employer Address						
	Please list la	ast employer if retired. Add	ditional employers enter in addi	itional data section		
List memberships: Club	s, Fraternities, etc.					
Additional Data						



DISASTER WORTUM				VIFF	Page 5 of 8	iormation		
	Name	Las	/	Suffix	First		Initial	Age
<u></u>	#	Type/ Make	Band Material/ Color		Description		Inscr Photo Ava	iption iilable
WATCH:	1						○ Yes (	○ No
≥	2						○ Yes (	No
			(	Gold color is denot	ted by yellow, silve	er color is denoted by	white	
	#	Jewelry/ Type/style	Material Color/ Stone Color			Description	Inscrip Photo A	tion vailable
	1			Yes	No		○ Ye	es ONO
	2			O Yes	No		○ Ye	es ONo
	3			Tes O			○ Ye	es O No
				○ Yes ○	No			
WELRY:	4			O Yes	No		○ Ye	es O No
JEWEI	5						○ Ye	es O No
7	6			Yes	No		○ Ye	es O No
				○ Yes ○	No			
	7			Yes	No		○ Ye	es O No
	8			Yes	No		O Y	es O No
	9						○ Ye	es O No
<u> </u>	h a = 2			○ Yes ○	No			
Pe	rsona	ommonly Car I Effects						
			No () Unknown	Cell phone type Cell phone des			Service p	rovider:



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ı		lame					
		Last	Suffix	First	Initial	Age	
	#	Clothing Items	Color	Descr	ription		Size
	1						
	2	-					
	3	-					
	4						
	5						
	6						
	7						
	8						
S	9						
CLOTHING:	10						
SLO	11						
•	12						
	13						
	14						
	15						
	16						
	17						
	18						
	19						
	20						
Wal	let:	Description					
Pur	se:	 Description					
		Contents					
Pod	kets	s:ntents Left					
(	Cont	ents Right					



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Name		1	1			1			
	_	Last	Su	ıffix	Firs	st	Initial	Sex	
	All Biololgical Rel	atives of Missing l	Potential I IndividualN					en/Uncle/Aunt/C	Cousin
1	Last Name	First Name	Middle Name	1	Email		DOB	Sex	1
	Relationship	Address		City	State	Zip	Phone 1	Phone 2	Phone 3
2	Last Name	First Name	Middle Name	1	Email		DOB	Sex	
	Relationship	Address		City	State	Zip	Phone 1	Phone 2	Phone 3
3	Last Name	First Name	Middle Name	1	Email		DOB	Sex	
	Relationship	Address		City	State	Zip	Phone 1	Phone 2	Phone 3
4	Last Name	First Name	Middle Name		Email		DOB	Sex	
	Relationship	Address		City	State	Zip	Phone 1	Phone 2	Phone 3
5	Last Name	First Name	Middle Name		Email		DOB	Sex	
	Relationship	Address		City	State	Zip	Phone 1	Phone 2	Phone 3
6	Last Name	First Name	Middle Name		Email		DOB	Sex	1
	Relationship	Address		City	State	Zip	Phone 1	Phone 2	Phone 3
7	Last Name	First Name	Middle Name	1	Email		DOB	Sex	
	Relationship	Address		City	State	Zip	Phone 1	Phone 2	Phone 3
8	Last Name	First Name	Middle Name		Email		DOB	Sex	
	Relationship	Address		City	State	Zip	Phone 1	Phone 2	Phone 3
			D	d	Con Namel	DNA 4	]	,	

### Primary donor for Nuclear DNA Analysis

An "appropriate family member" for <u>nuclear DNA Analysis</u> is someone that is biologically related to and only one generation removed from the deceased. The following are the family members who are appropriate donors to provide reference specimens, and in the order of preference (family members highlighted in bold print are the most desirable):

- 1. Natural (Biological) Mother and Father, AND 2. Spouse and Natural (Biological) Children, AND
- 3. A Natural (Biological) Mother or Father and victim's biological children, OR
- 4. Multiple Full Siblings of the Victim (i.e., children from the same Mother and Father



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Name	First	/	
Interview_Location	Interview_Date	Interview_Time	
Interviewer Info: Interviewer Name	First	Last	
Interviewing_Organization			
Interviewer Home Information Interviewer Address:			
Interviewer home phone:	Street, City State, Zip		
Interviewer cell phone:  Interviewer work phone:			
Interviewer On-Site Information			
Interviewer on-site address	Street, Hotel, Room #		_
Interviewer on-site phone:			
Interviewer on-site cell:			
Daviewer lufe.			
Reviewer Info:  Reviewer Name			
Reviewer Signature			
Reviewing agency			